



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/776,012       |
| Filing Date            | February 9, 2004 |
| First Named Inventor   | Wood, Michael C. |
| Art Unit               | 3714             |
| Examiner Name          | Cameron Saadat   |
| Attorney Docket Number | 020824-004112US  |

## ENCLOSURES (Check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>One Reference, Return Postcard |
|--|--|---|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                    |          |        |
|--------------|------------------------------------|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP |          |        |
| Signature    |                                    |          |        |
| Printed name | Charles Koch                       |          |        |
| Date         | December 14, 2007                  | Reg. No. | 58,669 |

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Krista K. Merrimac

Date

December 14, 2007

DEC 20 2007

PTO/SB/17 (09-07)

Effective on 12/08/2007  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

### Complete if Known

|                      |                  |
|----------------------|------------------|
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| First Named Inventor | Wood, Michael C. |
| Examiner Name        | Cameron Saadat   |
| Art Unit             | 3714             |
| Attorney Docket No.  | 020824-004112US  |

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 310          | 155      | 510          | 255      | 210              | 105      |                |
| Design           | 210          | 105      | 100          | 50       | 130              | 65       |                |
| Plant            | 210          | 105      | 310          | 155      | 160              | 80       |                |
| Reissue          | 310          | 155      | 510          | 255      | 620              | 310      |                |
| Provisional      | 210          | 100      | 0            | 0        | 0                | 0        |                |

#### 2. EXCESS CLAIM FEES

| Fee Description                                    | Small Entity                     | Fee (\$)             |
|--|----------------------------------|----------------------|
| Each claim over 20 (including Reissues)            | 50                               | 25                   |
| Each independent claim over 3 (including Reissues) | 210                              | 105                  |
| Multiple dependent claims                          | 370                              | 185                  |
| <b>Total Claims</b>                                | <b>Multiple Dependent Claims</b> |                      |
| <b>Extra Claims</b>                                | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b> |
| -20 or HP = _____ x _____ = _____                  |                                  |                      |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims                    | Extra Claims | Fee (\$) | Fee Paid (\$) |
|----------------------------------|--------------|----------|---------------|
| -3 or HP = _____ x _____ = _____ |              |          |               |

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ |              |  |          |               |

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

Fees Paid (\$)

180

#### SUBMITTED BY

Signature

*Charles Koch*

Registration No. 58,669  
(Attorney/Agent)

Telephone 415-576-0200

Name (Print/Type) Charles Koch

Date December 14, 2007